

FILED AUG 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26685

BIRTH NO. 28512-51		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 127		
1. PLACE OF DEATH a. COUNTY <u>Henry</u> 0422				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>				
b. CITY OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY OR TOWN <u>Blainstown</u> 0424		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>								
3. NAME OF DECEASED a. (First) <u>Jonathan David</u> b. (Middle) <u>Befort</u> c. (Last) <u>Befort</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-14-1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>5-28-1951</u>		
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Days <u>16</u>		IF UNDER 24 HRS. Hours Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LaVone Befort</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Weems</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LaVone Befort</u> ADDRESS <u>Blainstown Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture @ Intracranial Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Ran over by Truck.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>042</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Blainstown Mo. (Farm)</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Henry Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8/14/51 6P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck wheel run over baby's head.</u>				
22. I hereby certify that I attended the deceased from <u>8/14</u> , 1951, to <u>8/14</u> , 1951, that I last saw the deceased alive on <u>8/14</u> , 1951, and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R.S. Hallingsworth M.D.</u>				23b. ADDRESS <u>Clinton Missouri</u>		23c. DATE SIGNED <u>8/16/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-16-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem</u>		24d. LOCATION (City, town, or county) (State) <u>CLINTON MO.</u>		
DATE REC'D BY LOCAL REG. <u>Aug. 16-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Danning</u> ADDRESS <u>Clinton Mo</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 8-21-51 -----

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by -----

Student Embalmer No. -----

working under my personal supervision.

Student
Student Embalmer

Signed Robert J. Denny

Licensed Embalmer No. 4710

P. O. Address Clinton mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.